U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1 File Number U - 12270		2. Fiscal Year Covered From			
		1 / 1 / 2004 Throu	igh: 12 / 31 / 2004		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name John	Leen	Name Pipe Fitters' Association, Local 597			
		Labor Organization File Number 016-	412		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any			
Street 45 N Ogden Ave		Street 45 N Ogden Ave			
City Chicago		City Chicago			
State Illinois	ZIP Code + 4 60607	State Illinois	ZIP Code + 4 60607		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of nonetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.				
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
		7.b. Amount.		
Street				
City				
State	ZIP Code + 4			

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed John Leen	On	07/01/2005 Date	312-829-4191 Telephone Number	

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Pipe Fitters Training Fund, Local 597 a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any X c. Employer Street 10850 W 187th Street Mokena City State Illinois ZIP Code + 4 60448 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Mr. Leen is an employee of Pipe Fitters Training Name Pipe Fitters Training Fund, Local 597 Fund, Local 597. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10850 W 187th Street 11.b. Approximate dollar value of such dealing. City Mokena 12.a. Nature of interest held or income received. Income received was salary. ZIP Code + 4 60448 State Illinois \$108,722 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above)

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bldg , Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	